

**TRANSMITTAL AND NOTICE OF APPROVAL OF  
STATE PLAN MATERIAL**

FOR: HEALTH CARE FINANCING ADMINISTRATION

1. TRANSMITTAL NUMBER:

03 — 2 1

2. STATE:

OKLAHOMA

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL  
SECURITY ACT (MEDICAID)

4. PROPOSED EFFECTIVE DATE

1-1-04

TO: REGIONAL ADMINISTRATOR  
HEALTH CARE FINANCING ADMINISTRATION  
DEPARTMENT OF HEALTH AND HUMAN SERVICES

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:

42 CFR 447.200 &amp; 441.51 &amp; 440.160

7. FEDERAL BUDGET IMPACT:

a. FFY 2004 \$ \$335,864b. FFY 2005 \$ \$440,598

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 4.19-B, Page 13d

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION  
OR ATTACHMENT (If Applicable):

Same Page, Revised 7-1-02, TN#02-09

10. SUBJECT OF AMENDMENT:

Reimbursement increase

11. GOVERNOR'S REVIEW (Check One):

☒ GOVERNOR'S OFFICE REPORTED NO COMMENT☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL☐ OTHER, AS SPECIFIED:

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME:

Mike Fogarty

14. TITLE:

Chief Executive Officer

15. DATE SUBMITTED:

December 5, 2003

16. RETURN TO:

Oklahoma Health Care Authority

attn: Jim Hancock

4545 N. Lincoln, Suite 124

Oklahoma City, OK 73105

**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED:

12 DECEMBER 2003

18. DATE APPROVED:

20 February 2004

**PLAN APPROVED - ONE COPY ATTACHED**

19. EFFECTIVE DATE OF APPROVED MATERIAL:

1 JANUARY 2004

20. SIGNATURE OF REGIONAL OFFICIAL:

21. TYPED NAME:

ANDREW A. FREDRICKSON

22. TITLE: ASSOCIATE REGIONAL ADMINISTRATOR

DIV OF MEDICAID &amp; CHILDREN'S HEALTH

23. REMARKS:

c: Mike Fogarty  
Jim Hancock

State OKLAHOMA

STATE Oklahoma  
DATE REC'D 12 Dec 03  
DATE APP'D 20 Feb 04  
DATE EFF 1 Jan 04  
HCEA 179 03-21

A

Attachment  
4.19-B  
Page 13d

**~~METHODS AND STANDARDS FOR ESTABLISHING PAYMENT~~**  
**RATES**  
**OTHER TYPES OF CARE**

- a. **Community-based facility.** A RPTC that is independent (i.e., not part of a hospital or any other facility), and is fully accredited by JCAHO, AOA, or CARF as a psychiatric facility or program. The RPTC must also be licensed as a child placement agency.
2. For payment purposes there are two peer groups
- a. Hospital based and freestanding facilities
- b. Community based RPTCs
- i. **Hospital Based and Freestanding RPTCs.** The statewide median component rates were calculated using 1989 audited cost reports according to the methodology described on Attachment 4.19-B, page 13. Payment will be an all-inclusive per diem. The facility must furnish, either directly or under arrangements, all non-physician services, including prescribed drugs.
- ii. **Community Based RPTCs.** The statewide median component rates were calculated using 1990 audited cost reports according to the methodology described on Attachment 4.19-B, page 13. Payment will be made for routine per diem services, exclusive of ancillary and physician services. Ancillary and physician services will be reimbursed separately on a fee for service basis.

**3. Adjustments**

Effective July 1, 1998, peer grouped statewide median operating and movable equipment per-diem rates for RPTCs will be updated using the DRI fourth quarter index's forecast for the midpoint of the upcoming state fiscal year (e.g., 2.4%) and the HCFA PPS-type Hospital market basket weight assigned for compensation (e.g., 61.39%). Example: FY99 rate = FY98 statewide median operating and moveable equipment rate x update factor (1.0147). Effective August 1, 2000, the statewide median operating and movable equipment per-diem rates for RPTCs will be updated by multiplying the prior year per-diem by a factor of 12%. A state plan amendment will be submitted to update future rate periods.

Effective 1-1-04, the statewide median operating and movable equipment per diem rates for RPTCs will be updated by multiplying the prior year per diem by a factor of two (2%) percent.

SUPERSEDES TN- 02-09

Revised 01-01-04

TN# 03-21 Approval Date 20 Feb 04 Effective Date 1 Jan 04  
Supersedes  
TN# 02-09